



**U.S. Immigration  
and Customs  
Enforcement**

**ICE Health Service Corps (IHSC)**  
Enforcement and Removal Operations  
U.S Immigration and Customs Enforcement

# **IHSC Safety and Security Guide**

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## Foreword

This *IHSC Safety and Security Guide* supplements the following IHSC Directive:

# 05-05 (ERO # 11780.1), Safety and Security

This Guide explains concepts, assigns responsibilities and details procedures for the implementation of an IHSC Safety and Security activities within IHSC-staffed medical clinics.

The intended audience is health staff supporting health care operations within IHSC-staffed medical clinics.

## **I. Overview**

### **A. Purpose**

IHSC is dedicated to promoting a safe and secure environment for health staff, detainees, and visitors. IHSC reduces safety hazards through effective training, administrative controls to reduce hazards and ensure security, safe work practices, and engineering controls such as fire detecting equipment. The purpose of this guide is to provide health staff with procedures and resources to implement the elements of the IHSC Safety and Security Programs as required by the IHSC Safety and Security Directive.

### **B. Responsibilities**

#### **Public Health, Safety and Preparedness Unit**

Provides national oversight of the IHSC Safety and Security Program.  
Provides technical guidance to IHSC staff on safety and security program activities.

Annually reviews this guide and the Safety and Security directive and updates as necessary.

Conducts periodic program monitoring.

Develops, reviews, and updates tools and resources to assist facilities with health and safety efforts.

#### **Health Services Administrator (HSA)**

Oversees the medical clinic Safety Program.

Oversees the medical clinic Fire Prevention Program.

Ensures that daily, weekly, and monthly health and safety inspections in the medical clinic are conducted with deficiencies addressed and documented.

Ensures that health staff receives initial and annual training on all safety and security policies, procedures, and guidelines.

Ensures coordination of the medical clinic Safety Program with the facility's Safety Program.

#### **Safety, Infection Prevention, and Control Coordinators**

Assists the HSA with all safety and security monitoring activities to include fire and safety inspections, bio-medical equipment and hazardous tool management, special needs notifications, and mishap reporting.

Monitors problems related to safety and security issues within the medical clinic and reports them to the HSA .

#### **Health Staff**

Complete all initial and annual safety and security training and maintain knowledge of the subject matter.

Observe safety and security requirements specified in training.  
Comply with all federal and state laws governing fire protection.  
Immediately report any unsafe conditions in the medical clinic to the HSA.  
Immediately report security threats or violations, and workplace violence incidents.  
Ensure that bio-medical equipment is operationally safe before each use.

### **C. Acronyms**

**ACA** – American Correctional Association

**ADA** – Americans with Disabilities Act

**ANSI** – American National Standards Institute

**CFR** – Code of Federal Regulations

**FD&C** – Federal Food, Drug, and Cosmetic Act

**FDA** – U.S. Food and Drug Administration

**JHA** – Job hazard analysis

**MDR** – Medical device reporting

**MSD** – Musculoskeletal disorders

**NCCHC** – National Commission on Correctional Health Care

**NIOSH** – National Institute for Occupational Safety and Health, CDC

**NFPA** – National Fire Protection Association

**OSHA** – Occupational Safety and Health Administration

**PBNDs** – Performance-Based National Detention Standards

**PPE** – Personal protective equipment

**SMDA** – Safe Medical Devices Act

## **D. Definitions with Expanded Information**

**Administrative controls** – Methods of controlling employee exposures through enforcement of policies and procedures, modification of work assignment, and training in specific work practices, and other administrative measures designed to reduce exposures.

**Engineering controls** – Controls that isolate or remove a hazard from the workplace (e.g., ventilation systems isolation, sharps disposal containers, self-sheathing needles).

**Ergonomics** – The science of designing the job to fit the worker, rather than physically forcing the worker's body to fit the job.

**Injury or illness** – OSHA defines an injury or illness as an abnormal condition or disorder. Injuries include, but are not limited to, cuts, fractures, sprains or amputations. Illnesses include acute and chronic illnesses, including, but not limited to, skin diseases, respiratory disorders or poisoning.

**Job hazard analysis (JHA)** – A job hazard analysis is a technique that focuses on job tasks as a way to identify hazards before they occur. It focuses on the relationship between the worker, the task, the tools, and the work environment. Ideally, after you identify uncontrolled hazards, you will take steps to eliminate or reduce them to an acceptable risk level.

**Personal protective equipment (PPE)** – Equipment that protects a person from hazardous exposures such as chemicals, dust, noise, radiation, and infectious diseases, and includes respirators, gloves, mask, goggles, gowns, face shields, ear plugs, hard hats, steel toe boots.

**Special Needs Detainees** – Detainees whose mental and/or physical condition requires different accommodations or arrangements than a general population detainee would receive to ensure that the detainee has meaningful access to the facility's programs or activities. Special needs detainees include but are not limited to those who have emotional disturbances, developmental disabilities, mental illness, physical impairments, chronic illness, disabilities, or are infirm and have drug or alcohol addictions.

**Workplace violence** – Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at work which can range from threats and verbal abuse to physical assaults and even homicide affecting or involving employees, clients, customers and visitors.

**Worksite hazard analysis** – Worksite hazard analysis involves a variety of worksite examinations to identify not only existing hazards, but also conditions and

operations in which changes might create hazards. Effective management actively analyzes the all workplace conditions and the worksite, to anticipate and prevent harmful occurrences.

## **II. Safety Management Program**

### **A. Safety Management Plan**

IHSC is committed to providing a safe and healthful workplace and maintaining an environment free of hazards. In order to accomplish this, the HSA must ensure that a written, site-specific safety management plan is implemented which includes the following:

- Program goals and objectives;
- Leadership and staff involvement;
- Description and assignment of responsibilities to staff;
- Risk assessment or workplace analysis that identifies the workplace hazards;
- Hazard prevention and control measures that include all engineering, procedural, and administrative controls, including the use of PPE utilized to eliminate or reduce existing hazards; and
- Staff training.

### **B. Worksite Hazard Analysis**

A worksite hazard analysis incorporates a variety of processes that examine the work environments to identify and eliminate existing or potential hazards. Identifying these hazards can be accomplished through a variety of methods:

- Conducting surveys with staff;
- Safety and health self-inspections or audits;
- Conducting a JHA;
- Encourage staff reporting of hazards;
- Analysis of injury and illness trends;
- Preventive maintenance; and
- Formal inspections.

### **C. Weekly Fire and Safety Inspections**

The HSA must coordinate with the facility administrator or designee to ensure that a weekly fire and safety inspection is conducted by a qualified departmental staff



member, to include the medical clinic, as directed by PBNDS 2011. This qualified departmental staff member may be the facility safety officer or other staff member who by virtue of his or her education, credentials, and experience would be qualified to conduct these inspections.

#### **D. Eye Wash Station Weekly Checks**

OSHA standard 29 C.F.R. § 1910.151(c) requires emergency eyewashes and/or safety showers be provided in work areas where the eyes or body of any person may be exposed to injurious corrosive hazardous materials and chemicals. For the minimum performance and use requirements on eyewash equipment, the Occupational Safety and Health Administration (OSHA) follows the guidance established under the American National Standards Institute (ANSI Z358.1-2009). The requirements for testing are based on the manufacturer's instructions and ANSI protocols. The ANSI standard states that plumbed flushing equipment "shall be activated weekly for a period long enough to verify operation and ensure that flushing fluid is available." The HSA must ensure that testing of eyewash stations are completed weekly for three minutes to ensure safe and proper functioning, and that findings are documented with discrepancies addressed. Health staff must be trained on the proper operation of eyewash equipment during initial orientation and annual training, and the training must be documented.

Weekly eyewash station testing is essential to help clear the supply lines of sediment and bacteria build-up that is caused from stagnant water. The required water temperature must be "tepid" or as defined by ANSI a range of 60-100°F and recommended by medical professionals. Temperatures above 100°F can enhance chemical interaction and those below 60°F can cause hypothermic shock. Additional performance requirements include the following:

- Units must be capable of delivering a minimum of 15 minutes of flushing.
- Eye wash units must be capable of being activated in 1 second or less.
- Stay open ball valves must be used to accommodate for hands-free rinsing.
- Dust caps or dust covers must be installed to protect the unit from contaminants.
- The pathway must be clear of obstructions.
- Eyewash units must be in a well-lit area and identified with a highly visible safety sign.

#### **E. Exits**

The general requirements for safe exits are mandated by OSHA standards under 29 C.F.R. §1910.33-39. OSHA follows the exit route provisions of the National Fire Protection Association (NFPA) 101-2000, Life Safety Code. Therefore, if an employer can demonstrate compliance with NFPA codes, then OSHA will deem the

employer to be in compliance with OSHA standards. The HSA or designee must ensure that all exists in the medical clinic maintain the following safety requirements:

Exit routes are free and unobstructed.

Materials or equipment must not be placed either permanently or temporarily within the exit route.

Each exit must be clearly visible and marked by a sign reading "Exit" in legible letters not less than 6 inches high and not less than  $\frac{3}{4}$  of an inch in width and adequately lighted so that one can see along the exit route.

If the direction of travel to the exit or exit discharge is not immediately apparent, signs must be posted along the exit access indicating the direction of travel to the nearest exit and exit discharge.

Each exit route door must be free of decorations or signs that obscure the visibility of the exit route door.

## **F. Electrical Hazards**

Electrical standards and regulations are built on the combined guidance from OSHA under 29 C.F.R. § 1910.303-305 and NFPA 70E. These standards cover a full range of electrical safety issues that include safety-related practices, maintenance, special equipment requirements, and installation. IHSC identifies the requirements that are necessary to provide a workplace and detention environment that is free of electrical hazards. The HSA must ensure that health staff are trained in electrical safety hazards, including the following guidance related to the use of electrical equipment and power cords:

Power strips are not extension cords; they are designed for use with low-powered loads, such as computers, peripherals, or audio and video components; they must not be used with high power loads such as refrigerators and microwave ovens.

Extension cords must not be used as substitutions for the fixed wiring of a structure, or run through holes in walls, ceilings, or floors; be attached to building surfaces; or be concealed behind any building walls, ceilings, or floors.

Portable cords and plug connected equipment and extension cords must be visually inspected before use for external defects or possible internal damage (such as a pinched or crushed outer jacket). If damage or defects are noted, the item must be removed from service until repairs are rendered. Equipment not exposed to damage need not be visually inspected until they are relocated.

Electrical equipment machines must be disconnected before cleaning or adjusting.

Avoid overloading outlets. Plug only one heat-producing appliance (such as a coffee maker) into a receptacle outlet at a time. Major appliances must be plugged directly into a wall receptacle outlet.

### **G. Monthly Health and Safety Assessment (SharePoint)**

The health and safety assessment addresses IHSC compliance requirements as well as federal, state and local laws related to infection prevention and control measures, emergency preparedness, fire prevention and life safety, hazard communication requirements, biohazardous waste management, and radiation control and monitoring. The HSA must ensure that a monthly Health and Safety Assessment is conducted for the medical clinic and document findings on the Public Health, Safety and Preparedness (PHSP) Unit SharePoint site. If assessments are completed by a designee other than the HSA, a copy must be provided to the HSA with details about negative observations or deficiencies documented on the comments sheet. The HSA must address all discrepancies and document corrective actions in the comments section.

### **H. Hazard Prevention and Control**

Once hazards are identified in the workplace environment that can cause injury or illness, they need to be prevented and/or controlled by implementing engineering controls, safe work practices, administrative controls, PPE, and safety and health training, including, but not limited to the following:

- Engineering controls, which include removing the hazard or substitute something.

- Safe work practices, which include policies and procedures that ensure hazards are corrected or controlled.

- Administrative controls, which include administrative measures aimed at reducing staff exposure to hazards.

- PPE , which includes equipment that protects a person from hazardous exposures, such as chemicals, dust, noise, radiation, and infectious diseases, and includes respirators, gloves, mask, goggles, gowns, face shields, ear plugs, hard hats, and steel toe boots.

- Safety and health training, to ensure that all staff understand the hazards of their job, when and where PPE is required, and how to prevent harm to themselves and others.



The HSA must ensure that all health staff are effectively trained on health and safety initially and annually or whenever processes, procedures, or materials change.

### **I. Utility Management Plan**

The HSA implements a utility management program for the IHSC-staffed medical clinic in collaboration with the facility administrator or designee. The utility management program must ensure operational reliability of utility systems that support patient care and reliable and sufficient emergency power to provide uninterrupted electricity to alarm systems, egress illumination, and exit sign illumination. Utility systems include emergency power, electrical and water shut off, heating, ventilation, air conditioning, and plumbing. Any discrepancies must be immediately communicated to the facility maintenance supervisor and documented on the Monthly Health and Safety Assessment checklist.

## **III. Fire Prevention and life Safety**

### **A. Fire Prevention Plan**

IHSC promotes fire prevention and life safety through training, drills, and inspections. The HSA oversees fire prevention and life safety activities in the IHSC-staffed medical clinic and coordinates with facility staff responsible for safety to ensure that all health staff have reviewed the facility fire prevention, control, and evacuation plan upon initial assignment and annually. This plan must be written and must be specific to each site. The plan must provide information on fire hazards in work areas and guidance for health staff to take in the event of a fire or the evacuation of the medical clinic. A hard copy of this plan must be kept in the medical clinic and available to health staff.

### **B. Fire and Evacuation Drills**

The HSA or designee must ensure that fire drills are conducted in the medical clinic once per shift per quarter by health staff so that staff on each shift participates in an annual drill.

Health staff must ensure that all occupants have evacuated during fire drills conducted in the medical clinic, except where security or patient health could be jeopardized, or when logistically not feasible in which simulated drills are conducted.

Fire evacuation signs with displayed floor plans and evacuation routes must be posted in the medical clinic with directional arrows and “You are here” markers in English, Spanish, and the next most prominent language at the facility the event of a fire.

Health staff must simulate drills in areas where detainees are not evacuated. Fire drills must be documented in written form and evaluated by the health staff.

### **C. Fire Procedures**

If a fire is discovered and detainees or health staff are in immediate danger, the first duty is to evacuate all detainees and health staff from the hazard. Health staff must take immediate actions to ensure that safety to life takes precedence, to include:

Rescue. Health staff must ensure that detainees and staff are removed from the immediate danger to the designated evacuation area(s).

Alarm. Activate the fire alarm.

Contain. Close all doors.

Evacuate. Evacuate the building at the nearest fire exit, when ordered, in a calm orderly manner.

- The CD, HSA, or responsible clinic leader on site makes the decision to evacuate the medical clinic.
- All health staff must assemble at a pre-determined outside area to allow the HSA or designee to account for all staff.
- The assembly point for detainees should be determined by the facility administrator or designee.

All fires must be reported using the Incident Reporting Document IHSC 010. The HSA must ensure that all health staff have reviewed, and are familiar with, their respective fire prevention and evacuation plan to include all evacuation routes. The person ordering the evacuation must ensure that all detainees and staff have been evacuated before leaving the fire area, and must notify the HSA, or designee, who must notify the ICE AFOD or designee as soon as possible.

### **D. Fire Protection Equipment**

Fire Extinguisher Use

- To minimize the potential for loss of life and property to fire, the HSA must ensure that portable fire extinguishers are readily accessible in all areas of the medical clinic. OSHA standard 29 C.F.R. § 1910.157 provides guidance on the use of portable fire extinguishers. This standard defines portable fire extinguishers as having two functions: (1) control or

extinguish small or incipient stage fires (i.e., a fire that is in the initial or beginning stage), and (2) protect evacuation routes that a fire may block directly or indirectly with smoke or burning/smoldering materials.

Attempting to extinguish even a small fire carries some risk. Fires can increase in size and intensity in seconds and block the users exit path and create a hazardous atmosphere.

- The HSA must ensure that health staff receive initial and annual training on the use of fire extinguishers, including how to access the extinguisher, actuate the unit, effectively apply the extinguishing agent, and conduct a fire risk assessment before attempting to extinguish a fire. Prior to fighting any fire with a portable fire extinguisher, health staff must perform a risk assessment that evaluates the fire size, the firefighters' evacuation path, and the atmosphere in the vicinity of the fire (see Portable Fire Extinguisher Risk Assessment Tool).

#### Fire Extinguisher Inspections

- The HSA must ensure that all fire extinguishers located in the medical clinic are:

Located conspicuously with proper size and classification for fire hazard for that location;

Inspected monthly by visually inspecting to ensure that they

1) have pressure gauge readings or indicators that are in the operable range or position; 2) are properly mounted on the wall, clearly identified and accessible with no obvious physical damage; and 3) have inspection tags attached to the extinguishers that are signed and dated at least monthly; and

Re-certified and have preventive maintenance performed annually by a qualified individual.

#### Manual Fire Alarm Pull Stations

- The HSA must ensure that all health staff are familiar with the location and operation of all manual fire alarm pull stations located in the medical clinic and that they are accessible and unobstructed.

#### Automatic Sprinkler Systems

- The HSA must coordinate and verify the inspection of the automatic sprinkler system in the medical clinic by a certified fire suppression inspection company in accordance with NFPA life safety code and ensure that no materials are stored within 18 inches from the sprinkler head to prevent interference with the discharge pattern of water in the event of a fire.



## **E. Fire Safety Practices**

IHSC promotes a fire conscious workforce who follows fire safe practices in order to prevent fire hazards from occurring. The HSA must ensure that all health staff are knowledgeable of the facility fire prevention and life safety plan, evacuation routes, assembly points and follow fire prevention safe practices which include but are not limited to:

- Smoke-free work environment in all IHSC-staffed medical clinics
- Practice of good housekeeping and preventing the accumulation of trash in the medical clinic
- Prohibiting the use of portable space heaters in medical clinics
- Ensuring that all exits and fire protection equipment are free and unobstructed

During renovations or new construction, the HSA must ensure that fire prevention and life safety measures are enforced in accordance with NFPA 101 Life Safety Codes.

## **IV. Security Protocols and Controls**

### **A. Security Controls (ID badges, Key control)**

In order to maintain a safe and secure work environment, the HSA must ensure that health staff receive initial and annual training on security control protocols for their facility. Security control measures include but are not limited to secure control center entry procedures, security ID badge use and wear, contraband restrictions, key and lock control access and proper handling, radio control and proper use, and visitor entry and escort procedures.

### **B. Bomb Threats or Suspicious Packages**

Any IHSC staff member who receives a bomb threat via telephone, or discovers a bomb or suspicious package or object must immediately notify his or her supervisor, HSA, or other designee, as specified in the facility Emergency Response Plan. If the threat is received by phone, staff should take note of the following:

- Time and date of the call
- Exact words of the caller
- Age and sex of the caller (if this can be determined)
- Speech patterns or accent

Background noises

Length of call and number call was received from (try to keep the caller on the phone as long as possible and do not hang up)

Ask the following script of questions from and about the caller:

- Where is the bomb right now?
- When is the bomb going to explode?
- What kind of bomb is it?
- What does it look like?
- Where are you?
- What is your name?
- Did you place the bomb? Why?
- What will cause it to explode?

If an IHSC staff member suspects he or she has received a mail bomb:

IHSC staff must not handle the letter, envelope or package

IHSC staff must notify the immediate supervisor, HSA, or designee for further instructions and clear the immediate areas of all personnel

If a suspicious object is discovered, IHSC staff should assume it to be a bomb and:

Not touch the object

Notify the immediate supervisor, HSA or designee for further instructions and clear the immediate area of all personnel

Refer to the IHSC Directive 05-07, All-Hazards Emergency Preparedness and the IHSC All-Hazards Emergency Preparedness Guide for additional guidance on bomb searches, evacuation procedures, and reporting incidents.

## **V. Workplace Violence**

Workplace violence as defined by OSHA is “violence or the threat of violence against workers.” It can range from a threat or verbal abuse to a physical assault or homicide. This form of violence can be communicated as an oral or written statement, gesture, or expression in a direct or indirect threatening manner resulting in physical or psychological harm or damage to personnel as well as government property and is the leading cause of job-related deaths. IHSC is committed to the prevention of recognized violence hazards in the workplace and encourage employees to report all incidents and threats of violence in their work areas.

## **A. Types of Workplace Violence**

There are four types of workplace violence that are identified under OSHA Directive Number CPL 02-01-052 which include the following:

Type 1 – Criminal Intent (violent acts by people who enter the workplace)

Type 2 – Customer/Client/Patients (violence directed at workers by patients)

Type 3 – Co-Worker (violence against co-workers, supervisors, or managers)

Type 4 – Personal (violence by someone who does not work there, but who is known to, or has a personal relationship with, an employee)

If attempts to reduce or eliminate serious, recognized workplace violence hazards are not addressed, OSHA citations can be made under the general duty clause.

OSHA has identified healthcare workers as facing significant risk for job-related violence. This includes registered nurses, LVNs/LPNs, physicians, physician assistants, nurse practitioners, pharmacists, social workers and other mental health providers, including other support staff having direct contact with patients with known histories of violence. The HSA must ensure that health staff are provided workplace violence safety education so that they know what conduct is not acceptable, what to do if they witness or are subjected to workplace violence, and how to protect themselves.

## **B. Responsibilities**

Workplace violence awareness is everyone's responsibility; all IHSC personnel must adhere to work practices designed to ensure a safe and secure workplace environment and not engage in verbal threats or physical actions that create a security hazard for others. IHSC aims to reduce the risk of violence in the workplace through a combination of proactive awareness training, prevention education, open communications and early intervention. IHSC will act on all reports of incidents involving workplace violence and take appropriate action, including, but not limited to, removing perpetrators from IHSC space; initiating disciplinary action; referring to the Joint Intake Center, DHS Office of Inspector General, or Office of Professional Responsibility; and referring for criminal prosecution.

## **A. Worksite Hazard Analysis**

Effective management of workplace violence begins with identifying existing or potential hazards in the workplace environment. These are identified by conducting a hazard analysis through a step by step assessment of the workplace. The HSA,



in cooperation with health staff, must conduct a workplace hazard analysis to find hazards that may ultimately lead to incidents of violence. The assessment can include a review of previous incidents, employee and patient surveys, and a review of specific job tasks to identify hazards, conditions, operations, and situations that could lead to potential violence.

## **B. Worksite Hazard Prevention and Control Measures**

Once the worksite analysis is completed, the HSA must implement appropriate steps to prevent or control any existing or potential hazards. This can be accomplished by identifying effective and feasible control options to eliminate or reduce hazards. Some control options include substituting a hazard with a safer work practice, implementing administrative controls, or introducing engineering controls to remove or create a barrier between the worker and the hazard. Finally, the HSA must follow-up on these control measures to confirm whether they are being used and maintained properly and to evaluate their effectiveness in the elimination of workplace violence or the need for improvement or expansion.

## **C. Reporting Incidents**

If a workplace violence incident occurs, the HSA or designee must immediately ensure that the injured staff member(s) are referred for appropriate first aid or emergency medical care and that necessary measures are taken to prevent others from being injured. Incidents of violence must be immediately reported to the supervisor, HSA, or designee. The HSA must ensure that injured staff are referred to their usual source of care for prompt treatment and psychological evaluation whenever an assault takes place and conduct a post-incident response critical incident stress debriefing with all health staff. Employee assistance programs are available to assist victims. The HSA must complete incident reports and document on OSHA 300 Log for serious injuries meeting recordable requirements.

In addition to physical injuries, the victims of workplace violence (to include those witnessing the incident) can suffer from a variety of consequences which may include the following:

- Short and long-term psychological trauma;
- Fear of returning to work;
- Changes in relationships with coworkers and family;
- Feelings of incompetence, guilt, powerlessness; and
- Fear of criticism by supervisors or managers.

Ensuring a strong follow-up plan with victims and witnesses of workplace violence is not only essential to their immediate recovery, but also helps them to confront or prevent future incidents.

## **VI. Ergonomics**

OSHA refers to ergonomics as “the study of work” and further defines it as “the science of designing the job to fit the worker, rather than physically forcing the worker’s body to fit the job.” Many contributing factors in the healthcare work environment can cause injuries and soft tissue disorders over time, such as working long hours on one’s feet, performing repetitive tasks with one’s hands, sitting and keyboarding at computer workstations, and heavy lifting during patient care and transfers. Adapting tasks within the work environment and educating staff on prevention techniques can help reduce these painful and disabling injuries and the associated musculoskeletal disorders (MSD).

### **A. Musculoskeletal Disorders (MSDs)**

MSDs are injuries and soft tissue (muscles, tendons, ligaments, joints, and cartilage) and nervous system disorders that generally develop gradually over weeks, months, and years causing disabling pain, numbness, tingling stiff joints, difficulty moving, muscle loss, and sometimes paralysis. MSDs are referred to by a number of names such as cumulative trauma disorders, repeated trauma, repetitive stress injuries, and occupational overexertion syndrome and can include medical conditions such as carpal tunnel syndrome, tendinitis, sciatica, herniated discs, and low back pain. Work-related MSDs result from prolonged exposure to ergonomic risk factors causing damage to the body; healthcare workers, such as registered nurses, are listed by OSHA in the top ten occupations for acquiring MSDs. Some work-related risk factors that are likely to cause MSDs include the following:

- Exerting excessive force;
- Excessive repetition of movements;
- Awkward postures or unsupported positions;
- Static postures, or positions that staff must hold for long periods of time;
- Motion, such as increased speed or acceleration when bending or twisting;
- Compression, from grasping sharp edges like tool handles;
- Inadequate recovery time due to overtime, lack of breaks, and failure to vary tasks;
- Excessive vibration and whole body vibration; and



Working in cold temperatures.

## **B. OSHA Guidance under the General Duty Clause**

Although Federal OSHA does not have specific enforcement standards only guidelines governing ergonomics, citations can be given under the General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health Act, which requires employers to keep the workplace free from recognized serious hazards, including ergonomic hazards. In addition, State occupational safety and health programs have the option to enforce more restrictive standards that Federal OSHA does not address. The HSA must be aware of their State occupational safety and health requirements and ensure that work-related injuries resulting from ergonomic risk factors are addressed.

## **C. Job Hazard Analysis**

Recognizing potential ergonomic problems and preventing staff from developing MSDs can be simple and inexpensive by identifying job tasks that pose ergonomic risk factors. These risk factors are identified by conducting a JHA. After identifying tasks that contribute to risk factors, procedural changes, controls, or equipment should be implemented to correct and control these hazards and ultimately prevent or reduce MSDs. A list of these control mechanisms includes the following:

- Engineering controls such as redesigning the work station or adding ergonomically designed equipment;

- Work practices such as changing work practices, using proper lifting techniques and keeping work areas clean;

- Administrative controls such as worker rotation and more task variety; and PPE.

## **D. Safe Work Practices**

In order to bring awareness into the work environment and minimize occupational injuries, improve worker comfort, productivity, and job satisfaction, all IHSC staff must be familiar with ways to control ergonomics-related risk factors to allow them to actively participate and for their own protection. The HSA must ensure that health staff are provided information regarding job-specific hazards, safe work practices, and ergonomics to include simple adjustments that they can do in their work environment; some examples include the following:

Train staff to be aware of their posture

- Use supportive shoes and cushioned mats if required to stand for long periods.
- Keep frequently used trays and supplies within close reach to avoid having to reach for them.

Train staff to keep their arms and hands relaxed and to be aware of tensions that may occur as they perform different tasks

- Maintain neutral wrist and arm postures when working.
- Sit close to their work areas and avoid forceful twisting and turning motions.

Train staff to avoid static positions

- Encourage staff to vary activities and change their position while sitting, and shift their weight when standing to work.
- Alternate how they hold objects like forceps.

Train staff to avoid ergonomic-related risk factors when using computers

- Place monitor so their viewing distance is between 18 and 30 inches.
- Place monitor so top of the screen is approximately at eye level.

## **VII. Bio-Medical Equipment**

### **A. Program and Responsibilities**

All medical equipment must be maintained to ensure an acceptable level of safety and quality. IHSC bio-medical equipment management program incorporates the operational assessment and oversight of all equipment used in IHSC-staffed medical clinics for the diagnosis, treatment, monitoring, and care of patients to ensure the equipment is accessible, safe, and accurate. The HSA must implement and oversee a bio-medical equipment management program which includes a written bio-medical equipment management plan; bio-medical equipment inventory; inspections; annual preventive maintenance; equipment failure notification; MDR; documentation and recordkeeping; and training.

### **B. Daily Inspections and Annual Preventative Maintenance**

Bio-medical equipment operational safety is essential in providing safe and effective patient care. Health staff must ensure that bio-medical equipment is operationally safe before each use. The HSA must ensure that bio-medical equipment is inspected in accordance with manufacturer's recommendations and documented.

Daily checks on refrigerators and freezers that store medications should be conducted by health staff to ensure the temperatures are within acceptable

limits per the manufacturer's recommendations, [CDC guidance on vaccine storage and handling](#), and laboratory requirements under [Title 42, Code of Federal Regulations, Part 493](#) and [CMS Clinical Laboratory Improvement Amendments \(CLIA\)](#).

- Refrigerated medications should be stored in designated refrigerators maintained at a temperature within the manufacturer's recommendations for each medication. For vaccines, CDC recommends storage temperatures be kept between 35 degrees Fahrenheit (F) and 46 degrees (F).
- For maintaining frozen vaccines, freezer temperatures should be kept between -58 degrees (F) and 5 degrees (F).
- Refrigerated vaccines should be stored in dual-zone units only and should not be stored in dormitory-style refrigeration units.
- Refrigerated biological specimens, test reagents, and controls should be stored in designated refrigerators maintained at a temperature within the manufacturer's instructions provided with the test. [CDC recommended practices on CLIA testing](#) indicate that typically, a refrigerator used to store patient samples is kept between 35 and 46 degrees (F) and a freezer is kept between -13 degrees (F) and 5 degrees (F).
- Health staff must maintain written documentation of daily refrigerator and freezer temperature readings.
- Health staff will notify the HSA or designee and pharmacy staff if temperature discrepancies are identified.

The HSA must ensure that preventive maintenance performance checks with an authorized or certified service contractor are completed and documented. Medical equipment preventive maintenance is a schedule of planned maintenance actions including equipment inspection, lubrication, and calibration, aimed at the prevention of breakdowns and failures before they occur.

Frequency of preventive maintenance schedules are determined by federal requirements and accrediting body recommendations. The HSA or designee must adhere to the manufacturer's recommendations on preventive maintenance intervals for all biomedical equipment checks in accordance with recommendations from The Joint Commission Standard EC.02.04.01; and Centers for Medicare & Medicaid Services ([CMS](#)) [Memorandum Summary: Hospital Equipment Maintenance Requirements](#).

### **C. Equipment Inventory**

The HSA must ensure that an electronic bio-medical equipment inventory list is created and updated as new equipment is acquired or becomes unserviceable or obsolete, and that inventory audits are conducted as required.



The HSA must implement and manage a medical device reporting program to include documenting medical device incidents, providing training and education on the reporting program to medical staff, and submitting mandatory and voluntary reports to the FDA and/or the medical device manufacturer in accordance with Federal regulations (see Medical Device Reporting).

#### **D. Equipment Failure Notification**

Health staff must immediately notify the HSA of any bio-medical equipment failures (with the exception of needing battery replacement) and ensure that the equipment is labeled as “out of service” and is not used for patient care or treatment until the required maintenance has been completed by an authorized or certified service contractor and documented.

#### **E. Medical Device Reporting (MDR)**

The Medical Device Reporting (MDR) regulation [21 CFR 803](#) provides a surveillance mechanism for the Federal FDA and manufacturers to identify and monitor significant adverse events involving medical devices. The authority for the MDR regulation is section 519(a) of the Federal Food Drug & Cosmetic (FFD&C) Act as amended by the Safe Medical Devices Act (SMDA) of 1990. These regulations include the mandatory reporting requirements to the FDA for medical device manufacturers, importers, and user facilities related to certain device-related adverse events and product problems.

#### **F. Mandatory Reporting and Recordkeeping**

IHSC observes the MDR reporting requirements for all suspected medical device related deaths to both the Food and Drug Administration (FDA) and the manufacturer, if known. Patient deaths must be reported to the FDA and the manufacturer within ten (10) working days of becoming aware that a device caused or contributed to the incident.

The HSA or designee must report serious injuries or illnesses to the manufacturer or to the FDA if the manufacturer is unknown. These mandatory reports must be submitted on MedWatch Form FDA 3500A and must be reported to the medical device manufacturer (or to the FDA, if the manufacturer is unknown) within ten (10) working days of becoming aware that the device caused or contributed to the incident.

The HSA or designee must submit semi-annual summaries of reports to the FDA by January 31 (covering reports for the previous July 1 to December 31) and July 31 (covering reports for the previous January 1 to June 30, of each year). A semi-annual report should not be submitted if no individual reports were submitted to FDA or manufacturers during the reporting period.

### **G. Voluntary Medical Device Reporting**

The FDA Medical Device Reporting Program also includes a voluntary reporting system for any incident where the use of a medication (drug or biologic) at any dose is suspected to have resulted in an adverse outcome in a patient. This includes any product problem regarding the quality, performance or safety of any medical product. These reports are submitted on a MedWatch Voluntary Reporting Form. All adverse medication events must also be reported to IHSC Medical Quality Management Unit as required by medical mishap incident reporting requirements.

### **H. MDR Program Management Responsibilities**

The HSA must implement and manage the medical device reporting program that includes documenting and tracking data regarding medical device incidents and trends, providing training and education on the reporting program for health staff, understanding of the FDA reporting form, and submitting voluntary and other reports to FDA and/or the medical device manufacturer in accordance with Federal laws and regulations.

## **VIII. Hazardous Tool Management**

### **A. Tool Control Program and Responsibilities**

All health staff must maintain awareness of tool control to ensure the safety and protection of detainees, staff, and visitors from harm within IHSC facilities. Tool control management within IHSC-staffed medical facilities refers to the accountability, control, and maintenance of all medical and dental instruments, equipment, and supplies (particularly syringes, needles, and other sharps) having the potential to pose a risk to facility security or personal safety, such as being used as a weapon, capable of doing serious bodily harm, or being used in an escape or escape attempt.

The HSA must implement and manage a tool control program within the medical and dental clinics in accordance with ICE 2011 PBNDS, ACA, and NCCHC standards to ensure that all restricted tools are maintained on an inventory,

continually controlled and accounted for, and kept in locked storage when not in use.

The clinical hazardous tool program components include:

- A written tool control program;
- A restricted hazardous tool inventory;
- Procedures for accountability, storage, and issuing tools to staff;
- Procedures for surveying and destroying excess, broken or worn-out tools;
- Procedures in the event of lost tools; and
- Training requirements.

## **B. Restricted Hazardous Tool Inventory**

The HSA must prepare a computer-generated inventory list of all restricted and hazardous tools for use in the medical and dental clinics; maintain a hard copy of restricted tools inventory at each respective medical and dental clinical work area, and submit a second copy of the inventory list to the facility's manager for security.

## **C. Accountability, Storage, and Issuing Tools**

The HSA must ensure that tool inventories are reviewed and revised as restricted tools are added or removed, and that all restricted tools are kept in locked storage when not in use. The HSA must establish procedures for the issuance of restricted hazardous tools and sharps to health staff. In addition, the HSA must conduct required monthly audits on medical restricted tool inventories with the facility tool control officer. In order to maintain inventory control and prevent compromising product sterility, health staff must keep sterile packs under lock and key at all times and must not open them for inventory audits or any other non-medical reason, except when tampering or theft is suspected. In the event of an incident, health staff must notify the HSA promptly.

## **D. Excess, Broken, or Lost Tools**

The HSA must ensure that broken or worn-out tools used in the medical clinic are surveyed and disposed of in an appropriate and secure manner in collaboration with the facility's tool control officer or security officer.

When a medical or dental restricted hazardous tool item is missing or lost (scissors, syringes, dental instruments, etc.), health staff must immediately notify the HSA who must immediately verbally notify the facility's manager for security or shift



supervisor and provide written notification to the facility administrator. In addition, the HSA or designee must contact all health staff and notify them of the missing tool that was present during the incident. When a lost tool is recovered, the responsible health staff member must notify the HSA and complete a lost or missing tool report and forward it to the facility's manager for supplies and shift supervisor.

## **IX. Special Needs Accommodation**

Elderly detainees, detainees with disabilities, or health staff may have conditions which put them at risk of injury if special needs or accommodations are not provided. Consideration for accommodation of the elderly and those with disabilities who have special needs will be an important part of the design and daily operation within an IHSC clinical environment.

### **A. Detainee Special Needs**

The HSA must provide guidance and coordinate with other facility departments regarding necessary modifications, accommodations, or assistance needed for detainees. For IHSC policy and procedural guidance for determining and providing care to ICE detainees determined to have special needs, *see IHSC Directive 03-11 "Special Needs Patients"*.

### **B. Staff Special Needs**

The HSA must provide guidance and coordinate with other facility departments regarding the necessary modifications, accommodations, or assistance needed by health staff having special needs. For federal staff, the HSA should consult [ICE | Procedures to Facilitate the Provision of Reasonable Accommodation](#), available through the [Diversity Management Division - Disability Employment Program](#). The HSA should direct contract staff to their employer for reasonable accommodation requests. Refer also to the ["Rehabilitation Act of 1973"](#) for additional guidance.

## **X. Mishap Reporting**

### **A. Staff Injury Reporting**

Staff injuries are considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a pre-existing condition. OSHA mandates that work-related staff injuries or illnesses be reported and recorded if it meets one or more of the recording criteria defined in [29 CFR 1904](#). The HSA must record or report those work-related staff injuries or

exposures meeting criteria according to OSHA requirements. For guidance on the management of occupational injuries and illnesses, see *IHSC Directive 05-02 Occupational Health* and the *IHSC Occupational Health Guide*.

## **B. Detainee injury reporting**

The HSA must ensure that all detainee injuries are reported using the SharePoint within "Risk Management" of the Medical Quality Management Unit; see *IHSC Directive 11-06 "Time Frame for Submitting Medical Incident Report"*. Health staff must refer to this directive for the management and acuity levels time frame reporting requirements for all medical incidents.

## **C. Clinical Incident Reporting**

A clinical incident refers to an event related to patient care which could have or did lead to the unintended or unnecessary harm to a patient. The HSA must report all clinical incidents. These incidents include near-misses, adverse events, and sentinel events. All health staff must refer to the following directives and guides for appropriate guidance on the management and reporting process for clinical incidents: *IHSC Directive 11-08 "Clinical Incident Management (CIM)" and Guide* and *IHSC Directive 11-06 "Time Frame for Submitting Medical Incident Reports."*

# **XI. Program Monitoring**

The PHSP Unit periodically collects information from the HSA or designee to monitor the implementation of the IHSC Safety and Security Programs and to ensure that the medical clinic is meeting the requirements of these programs.

# **XII. Training and Education**

Training for safety and security must be included in orientation and annual training requirements for all IHSC medical clinic staff. Documentation of training completion must be entered into the personnel training record for each attendee and must include date of completion. Standardized national training materials, including a content summary and version date, must be centrally located and accessible by all IHSC staff. The HSA or designee is responsible for compliance with training requirements and training documentation. The HSA may maintain a master training document for monitoring and reporting purposes; however, PII is not authorized on the master document. Topic specific training requirements mandated by federal laws or accreditation standards are listed below.



#### **D. Training requirements for fire and life safety**

Fire prevention;  
Fire control to include smoke and fire containment procedures;  
Immediate actions in the event of a fire to include evacuation procedures;  
Location of fire alarms and extinguishers; and  
Fire extinguisher use, types, and hands-on training.

#### **E. Training requirements for medical equipment use**

Operators of medical equipment are effectively trained and documented as competent on the equipment they operate prior to equipment use.  
Operators of medical equipment must be trained on equipment in accordance with the manufacturers guidelines.

#### **F. Training requirements for hazardous tool management**

Procedures for tool accountability, storage, and issuing tools;  
Procedures on mandatory shift tool/sharps counts; and  
Procedures for broken/worn-out tools, or in the event of lost or missing tools.

### **XIII. References and Resources**

- (1) [FDA Medical Device Reporting \(MDR\) Requirements](#)
- (2) [NFPA 101: Life Safety Code](#)
- (3) [National Institutes of Health - Emergency Shower and Eyewash Station Equipment](#)
- (4) [OSHA Electrical Regulations](#)
- (5) [OSHA Ergonomics Guidelines](#)
- (6) [OSHA Guidelines on Workplace Violence](#)
- (7) [OSHA Injury and Illness Recordkeeping and Reporting Requirements](#)
- (8) [OSHA Regulation on Exit Routes, Emergency Action and Fire Prevention Plans](#)

- (9) [OSHA Regulation on Portable Fire Extinguishers](#)
- (10) [ICE Procedures to Facilitate the Provision of Reasonable Accommodation](#)
- (11) [Rehabilitation Act of 1973](#)